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RICHARD CLARKE CABOT

Volume 13 *June, 1939* *Number 4*

Richard Clarke Cabot '92

Richard Cabot's classmates in Harvard College tell of his habit of saying "damn lie" to various and sundry casual undergraduate remarks. That habit illustrates eloquently not the profanity which became inconspicuous though always possible in later life, but rather Richard Cabot's fondness for positive and emphatic statement and more particularly his passion for truth.

In his early days of medicine, his type of mind turned decidedly toward diagnosis. After he had graduated from the Harvard Medical School in 1892 and served a medical interneship at the Massachusetts General Hospital, the first edition of his Clinical Examination of the Blood appeared in 1896. In the Spanish American War, Richard Cabot, with his microscope and his crusading zeal, showed how the diagnosis of typhoid fever and its differentiation from malaria could be accomplished. In 1901, his Physical Diagnosis appeared. This book was to run through many editions and has recently been rewritten by Dr. F. Dennette Adams. About this time, began Dr. Cabot's summer course in medicine for practitioners. Doctors came in large numbers from all over the country. These doctors liked Dr. Cabot's simple but very positive teaching. Those who wanted therapeutics were doomed to disappointment for alas Dr. Cabot was essentially a therapeutic nihilist. This course lasted a month and culminated in an all day picnic with swimming and a ball game with Dr. Cabot usually playing first base on one of the teams. And, of course, there was some singing, with Dr. Cabot giving the pitch (he always said he had perfect pitch and while there may have been those who wondered, all were silent) and, of course, Dr. Cabot leading the first tenors.

No one, I think, believes that Richard Cabot invented the technic of the clinico-pathologic conference. However, Dr. Cabot popularized it, stabilized it as a weekly exercise, and finally began printing it in the Boston Medical and Surgical Journal as Cabot's Case Records. They are still being published and have a very wide appeal.

Osler may be said to have based his writings on an attempt to correlate clinical medicine and the autopsy. Richard Cabot attempted to test the accuracy of clinical diagnosis in the crucible of the autopsy. It may have been that Dr. Cabot was perhaps overfond of displaying diagnostic errors and that sometimes his own logic was a bit "fuzzy". Nevertheless, in this work he made really great contributions in heart disease, and in other fields. Furthermore, he exerted a powerful influence towards better diagnosis, and against shoddy and hap-hazard thinking. His own readiness to admit a mistake and even to say he did not know, was refreshing. There was no vagueness or compromise in his development of the diagnosis. His personal participation in a clinico-pathologic conference, while perhaps dogmatic in spots, was always enthusiastic, transparently honest and an inspiration and a comfort to many a bewildered medical student. Often there was emphasis on the absolute necessity of truth telling in medicine. No one before had stated this problem in such a direct and startling fashion. With the proviso supplied by an eminent clinician that it is well to be d - - - sure it is the truth, Dr. Cabot has seen his attitude generally established.

Richard Cabot's inauguration and development of Hospital Social Service in the Massachusetts General Hospital fairly took the country by storm. Within a few short years, every hospital and every clinic had its staff of social service workers. It seems likely that this activity will be regarded

as a great achievement and that Richard Cabot will be known and remembered as the father of Hospital Social Service.

Cabot's next step seems logical enough when in 1920 he became Professor of Social Ethics in Harvard University. At the same time, he remained as Professor of Clinical Medicine. His work and interest were gradually transferred to Cambridge. His medical work was largely concerned with the clinico-pathologic conference and hospital social service. When he undertook this work, he largely gave up the practice of medicine. Much of his practice of medicine never interested him. He liked diagnostic problems. His comlete honesty and straightforwardness made him an invaluable aid and comfort to many distressed patients who were adrift on a stormy sea of conflicting medical opinions. I suspect that he was helpful to some of these to the end, even after he had formally given up practice.

One does not classify Richard Cabot as a great clinician. He was too versatile for that. His interests and his enthusiasms knew no limits. He worshiped at the shrine of Professor Josiah Royce, of Dr. Frederick C. Shattuck, of Joseph Lee and of Glandi. He was a great man in several fields and probably preëminent in one. The love of truth was the enduring passion of his life.

ROGER I. LEE, '05.

Adolescence: A Pediatric View Point

Joseph Garland, M.D. '19.

The term puberty, to most of us, has a physical connotation; it suggests a rather abrupt bodily change that occurs in the individual of either sex during the process of growing up. Next to birth, and death, it is the most dramatic and mysterious development episode that takes place in the span of human life. Puberty may, and probably does always have its emotional or psychic concomitants, but primarily it is a physical fact that represents a momentous stage in the developmental progression of man—and of the other animals as well.

The instinct of self-preservation is born with us and remains with us until we die. Hunger and thirst are continuous, unremitting driving forces. The would-be suicide, if attacked, will probably defend his life, and will instinctively avoid a flying missile. It is not until puberty arrives, however, that the instinct for species preservation assumes an orthodox pattern. With puberty comes the physical ability to bear and beget young: the mating potentiality, ill-advised as the exercising of that function may be. Puberty does not, of course, actually represent an abrupt transition in the composition of the individual, abrupt as it may often seem. It is the culmination of the gradual changes making up puberty that always seems abrupt, indicating the dividing line between childhood and adolescence.

Puberty, then, to all intents and purposes, is a physical change in the individual when the child begins to assume the adult form and potentialities; adolescence is a more or less prolonged period of life that begins with puberty and ends when the individual is fully matured and prepared to face the competition and accept the responsibilities of adult life. Puberty is a phase in physical development; adolescence is a period of emotional adjustment to life necessitated by that development, as well as the period of attainment of final stature and muscular capacity.

The average age of puberty in our climate is twelve years for girls and fourteen for boys. Maturity is reached at the age of twenty-one, approximately, for women,

and twenty-five for men. Adolescence is the period that lies between these chronological mile stones. The lower animal knows no such anguish of delay. Sheep require less than three years to become fully developed; dogs mature in less than two years; and horses and cows in not over four years. The other primates develop much more slowly than do the lower animals, although with nothing approaching the deliberate development of man. Small monkeys reach puberty in about four years and are fully adult at six years; the chimpanzee, weighing four pounds at birth, has reached an adult weight of 140 pounds at seven years.

The difference is clearly indicated by Todd.[1] "At birth the human brain is but one-fifth of its adult bulk. At the end of two years it is already three-quarters, and by the sixth birthday it is five-sixths its adult size. At the beginning of specifically attenuated human development, the capacity of the brain is almost adult. Thereafter the play of experience transforms that capacity into ability. For this training man has fourteen years, namely, from the sixth to the twentieth birthday, in place of the two years of the anthropoid. If a chimpanzee could go to school, he would scarcely have accommodated himself to school environment before his two years would be up and his character would be crystallized in maturity."

Physically, adolescence represents the final growth and strengthening of the frame into its adult form and size, as well as the more or less harmonious coordination and final development of the organs of internal secretion. The secondary characteristics of sex assert themselves; in the female the hips broaden, the breasts develop and menstruation occurs; in the male the voice changes and the shoulders and chest develop; in both the body hair appears distributed in accordance with the individual's sex. For both, unfortunately, the acne that so often marks the onset of adolescence makes its appearance.

These bodily changes are not without their influence on the psychic development of the individual, but other and more important considerations have given adolescence its reputation as a stormy period of life. The long term of years required for adolescence among highly civilized peoples is a direct result of the long period of education required before our young men and women are equipped to meet the complications of civilized life with calmness and assurance. At the age of twelve or fourteen their brain capacity has reached its final development; from then on until full maturity is reached it is being packed and loaded with the products of experience—from books, from preceptors, from personal experience. Not only is it being filled, for better or for worse, but, by the same processes of education, the individual is learning how to use it.

No particular training for life is required where one has only to pick a banana, figuratively speaking, or wait for a cocoanut to drop from its tree for physical pabulum; where clothes are mainly a matter of decoration and where central heat is neither known nor needed. In latitudes where a defensive line against the elements must remain constantly established and where the competition for existence is unremitting; in a racial setting where the very amenities of life add to the complexities of living, proper training becomes a more serious matter, and a biological necessity if the adolescent is to become truly mature.

Once I quoted from B. C. Gruenberg in "Adolescence Made Easy," and the same selection is equally appropriate here and today. "As contrasted to the Samoan our adolescents have to concern themselves with the many kinds of religions, the many kinds of political and economic theories, the many kinds of ethical doctrines. We have not only a heterogeneous population with a great variety of traditional beliefs and standards and ceremonials and values, but we are in a constant ferment regarding every important phase of life. Our young person is com-

pletely surrounded by perplexities and dilemmas so that every impulse is confronted with an acquired inhibition or an external prohibition, and every judgment with misgivings, since the opposite judgment can be as readily rationalized . . . With us there are involved more fundamental questions, and we have to pay the price of what we consider of greater value. This price has included the neuroses and rebellions and heartbreaks of adolescence."

Adolescence, as we know it, may be interpreted as that period of life that results from cultivated man's distinguished characteristics: the ability to plan for the future and voluntarily to exercise self restraint while waiting for that future to materialize. It is a period of slow ripening of the human body and mind imposed upon us—or perhaps we should say granted to us—by the facts of civilized living, by the pressure of economic stress and the necessity for varying kinds and degrees of education.

During this period the child becomes the man or woman and is indeed adult during the latter part of it, except in experience, judgment and opportunity, both social and economic. During it he gains in self-reliance, and not without arrogance and conceit, which seem such a necessary part of growing up. The youth is, in fact, like a newly stuffed chair that needs to be sat on a few times to make it comfortable and useful.

Emerson was cognizant of these peculiarities of youth, as we learn when we read his essay on Self-Reliance. "Do not think the youth has no force because he cannot speak to you and me. Hark! in the next room, who spoke so clear and emphatic? Good Heaven! it is he! it is that very lump of bashfulness and phlegm which for weeks has done nothing but eat when you were by, that now rolls out these words like bell-strokes. It seems he knows how to speak to his contemporaries. Bashful or bold, then, he will know how to make us seniors very unnecessary."

And yet, as experience accumulates and wisdow grows, youth, as well as becoming more self-reliant, becomes more tolerant and perhaps more appreciative. Mark Twain recalls his own attitude of wonderment, at the age of fourteen, that his father had managed to live so long, he seemed so dumb; and his surprise, at the age of twenty-one, that the old man had learned so much in seven years.

All the age periods of life present their problems of behavior, which depend, in the last analysis, on the fitness of the individual to his environment or, more modernly speaking, his social adjustment. This fitness depends upon two factors, his heredity and the conditioning influences that have been brought to bear upon him, in other words, the environment itself, or some past phases of it. In recent years the pendulum has swung pretty far in the direction of environment as the really important determining factor, and in our enthusiasm for the theory that gives us an opportunity to do something about the problems that interest us, we have tended to turn our backs on the shadow of heredity. Modern alchemy has been such that we have forgotten about the sow's ear and the silk purse. Accepting the importance of heredity is not accepting a theory of fatalism; it should be an intelligent realization of the fact that different materials must be utilized in different ways and that all parts of the pig except the squeal have been found to have their commercial value.

It is easy to see how the period of adolescence is a natural time for the neuroses and maladjustments that may have had their origin in infancy or childhood to break through to the surface of the youth's life. Having emerged from the openly childish ranks of juvenility, the boy is not yet ready for full manhood, or the girl for womanhood. New problems, and for the first time real responsibilities present themselves. The goal of full maturity is ahead and yet longing glances are cast back to the protection and the simple pleasures of childhood. As an illustration of

this straddling attitude, I call to mind a flaming youth of fifteen, a neighbor's son, whom I saw taking his newly chosen girl friend for a sail, with the last of his toy boats trailing astern! This picture, in itself, comes very close to summing up the emotional problems of adolescence.

Mentally, as well as physically, the early adolescent years are awkward years because of rapid accumulation of ideas as well as rapid expansion of frame, and because of the awkward straddling of the deep crevasse that separates the new period from the old one. The new paces are untried; the lump of bashfulness and phlegm has no words to roll out like bell-strokes, and yet—if any unusual degree of unhappiness exists at any particular age period, something must be wrong with our conduct of life at that time.

The attempt to tabulate or summarize or interpret the more important adolescent difficulties represent an overly rash act on the part of physician or layman, who presumably has passed through this period and laid its problems away, happily, in lavender. And yet each effort may help a little to a clearer understanding of our errors and our obligations.

The adolescent approximates the parent in mental and physical development and yet is denied, of necessity but too thoroughly, the opportunity of adult competition. Feeling himself (or herself) often enough the equal of the parent and perhaps frequently, as Mark Twain would lead us to believe, the parental superior, he remains dependent on the parent, by force of circumstances, for practically his entire physical livelihood and educational opportunity.

Restrained and inarticulate, the adolescent no longer reveals his innermost thoughts at home, and thus fails to benefit from the safety value of a confidential relationship with the parent. It is true, there may be much talk, but it is the smoke screen of a noisy reticence and not the bell-strokes with which he speaks to his contemporaries.

The truth is, we find too often a mutual jealousy; on the part of the son or daughter towards the parent who continues to exercise a burdensome and not always tactful authority; on the part of the parent who cannot see his authority questioned or his family supremacy threatened by a child who has grown up in his own likeness. Proud of him, yes; but in that genuine pride there may lurk a wary defense of his own position. The child has accepted unqualifiedly the new, democratic form of family government that he sees about him. The parent, even while he senses the spirit of it and is willing to make concessions, cannot forget the patriarchy under which he himself grew up.

The parents have also their reticences. The father, even if he recognizes the desirability of it, cannot talk to this strapping and somewhat arrogant youth as that individual needs to be talked to, nor can the mother approach her daughter according to her needs. So the most obvious and natural source of much necessary extra-curricular education may be denied to the adolescent at a time when it is most needed, and the adolescent, whose protective mechanism makes him appear certain of everything, can be most unhappily ignorant of many things. A long step has been taken in gaining the confidence of youth when youth is willing to admit its lack of knowledge.

Aside from definite problems in abnormal psychology, how is the average adolescent who is making heavy weather of his or her progress, to be helped? Having access to the parents, an obligation rests on us to try and instruct them in an understanding of their problems and the safest ways to meet them.

Youth, I believe, needs six kinds of attention from its parents aside from pocket money. Remembering the mate of the good ship Mozambique who wanted from his captain only civility and damn little of that, I should place first, restraint. "Be not too much the parent," Emerson wrote,

"Respect the child's solitude." So far as is humanly possible and wise, forbearance from giving too much advice, too much criticism, too much discipline, is essential. Our best learned lessons come from our own experiences, and unfortunately from our own mistakes. Our children have to live their own lives and explore the world in their own way. We can hold them closest to us only with the loosest ties.

Frankness from the parent as a guarantee of the square deal is the attitude most likely to bring a frank response from the child. It represents the simple but difficult matter of meeting one's own child on an equal footing.

Since the adolescent habit of mind tends naturally to fluctuate between enthusiasm and discouragement, and since many parents tend to be critical of their own children—and jealous of them, as I have already stated—it is essential that the parent make a conscious effort to encourage often, to praise when possible and to reprove gently and seldom. We all need occasional encouragement, and the adolescent needs it more than occasionally.

A feeling of security is youth's fourth attention from parents who are trying to do their utmost for their offspring. Facing a world that is bound to be, in spots, definitely unfriendly, it may be a saving factor for the adolescent to continue to have what was so necessary for him during his childhood— a safe haven to return to, among individuals who are in sympathy with his aims and his ambitions.

Companionship between parent and child is an ideal situation of considerable sentimental value. To a certain degree it is highly desirable—desirable enough to be counted among my six points—but its abuses must be warned against. Parent-child companionship must not be allowed to replace the normal relationship of the youth with other youths, it must not be forced against the natural desires of the child, and it must not be cut only according to the parental pattern. If there is to be a companionship, it must be mutual, and not merely that of a son or daughter trotting obediently in the parental footsteps.

The sixth attention with which I would have parents flatter their adolescent children, equally platitudinous, perhaps, but also as important as the others, is that of an attempt to understand the opposite point of view. Those of us who are parents know how, occasionally, if we do not allow the emotions to assume control, there come moments of insight when we see the other side of the argument and realize that sometimes this youth, too, may be right or nearly right! We remember glimmerings of our own adolescence, perhaps, but at least we understand vaguely why there is discontent; why there may be revolt. And so I would call upon parents always to have in mind the need for understanding, and to draw comfort from Dean Sperry's words—"Were it not for an unbroken succession of rebel sons for fifty thousand years we should still be gnawing bones in the caves of Mousterian man." Of course, these adolescents are stormy, discontented, revolutionary. After they have found their places in society, are they not to take over the world's burdens that we have handled so indifferently well?

Parents can be in a better relationship to their adolescent products than they generally find themselves, but they are too close to them, usually, to take an unprejudiced point of view. They think of their children too much in relation to themselves. They want them to follow in their own footsteps, or more often to avoid this; in one way or another they want the child to assume some preconceived pattern, when they should be seeking only to have him work out his own destiny in the way most satisfactory and comfortable to himself.

The adolescent, because of his own innate need for heroes to worship, and because the parent so rarely qualifies, needs some kind of an adult companionship that

is free from family inhibition. Murray[2], in recognizing the development of the adolescent conscience as one of the main causes of conflict and anxiety during this period, recognizes also the value of the father confessor in helping to sublimate the demands of conscience. "The boy in the grip of neurotic difficulties in puberty must find some way of dealing with the anxiety to which he is constantly subjected by the attacks of his conscience. If, as he develops, he throws off his neurosis and becomes normal, he converts his pseudo-ideals into practical ideals and measures his critical attitude toward himself by a standard based on objective relations with the real world; he finds joy in constructive activities; he finds older men with whom to identify himself, and in this important way, changes the attitudes of his conscience to conform to the new pattern found in his friendships; his work becomes an outlet for his aggressive needs; he finds an increasing personal meaning in the social values of his endeavors."

The psychiatrist is the individual that Dr. Murray pictures as the parent-substitute, but all adolescents cannot have such highly qualified assistance, nor do all need it. It may not be the parent in whom he can confide, and it may not be the psychiatrist, but somewhere there should be a Sunday School teacher or a school marm or a scout-master or a Dutch uncle with whom problems can be discussed and under whose guidance the soul can be freed of its entangling alliances.

It may sometimes be the physician who can help to sublimate the adolescent personality, who can help to interpret the child to the parent, and the parent to the child, but I warn him, he must play fair. If he comes as the parental agent, he might as well not come at all. He can serve only as a friend in his own right. It is for this reason that the pediatrician, if he has served his patients well through their childhood, may still be Everyman to them in their years of adolescence.

[1]Todd, T. Wingate. Physical Analysis in the Adolescent Problem. Am. Journal Dis. of Children, 43:534, March, 1932.

[2]Murray, John Milne. The Conscience During Adolescence. Mental Hygiene, 22:400, July, 1938.

List of Hospital Interneships, Class of 1939

Name	Hospital	Service	Dates
Adams, J. E.	Peter Bent Brigham, Boston	Surgical	3/40— 7/42
Alexander, E., Jr.	Peter Bent Brigham, Boston	Surgical	9/39— 2/42
Altman, W. A.	John Sealy, Galveston, Texas	Rotating	7/39— 7/40
Baker, R. B.	Philadelphia General, Philadelphia	Rotating	7/39— 7/41
Balboni, V. G.	Peter Bent Brigham, Boston	Pathology	2/39— 2/40
Barker, R. G.	Pennsylvania, Philadelphia	Rotating	11/39—11/41
Barton, P. N.	Hartford, Hartford	Rotating	7/39— 7/41
Begg, C. F.	Rhode Island, Providence	Rotating	9/39— 9/41
Bennett, J. G.	Mary Hitchcock Mem'l, Hanover, N. H.	Rotating	1/40— 1/42
Bill, A. H., Jr.	Babies, New York	Pediatrics	1/40— 6/41
Bowden, L., Jr.	Mass. General, Boston	Surgical	1/40— 2/42
Brabson, J. A.	Roosevelt, New York	Surgical	1/40— 1/43
Burrage, W. C.	Mass. General, Boston	Medical	1/40— 8/41
Brayton, D. F.	St. Luke's, New York	Surgical	7/39— 7/40
Carleton, W. T.	Worcester City, Worcester	Rotating	7/39— 7/41
Cleary, R. V.	Boston City, Boston	II Surgical	11/39—11/41
Cochran, W. L.	University, Ann Arbor	Medical	7/39— 7/41
Compson, J. E.	Worcester Memorial, Worcester	Rotating	11/39— 5/41
Conley, J. E.	Mass. General, Boston	Surgical	4/40— 4/42
Craige, B., Jr.	New Haven, New Haven	Medical	1/40— 7/41
Crozier, D.	Methodist Episcopal, Brooklyn	Rotating	7/39— 7/41

Davis, W. A.	Peter Bent Brigham, Boston	Medical	2/40—11/41
Dingle, J. H.	Children's Boston	Medical	7/39—11/40
Dingman, J. A.	Queen's General, Jamaica, N. Y.	Rotating	7/39— 7/41
Dole, V. P., Jr.	Mass. General, Boston	Medical	4/40—10/41
Dunlap, D. L.	Mercy, Pittsburgh	Rotating	7/39— 7/40
Dyer, E. C.	Children's Boston	Bact., Path.	6/39— 6/40
Ellis, D. S.	Mass. General, Boston	Medical	10/39— 4/41
Farber, S. M.	Gaylord Farm Sanatorium, Wallingford, Conn.	Staff Appointment	6/39— 6/40
Farrington, R. F.	Boston City, Boston	IV Medical	1/40— 7/41
Ferguson, E. V.	Peter Bent Brigham, Boston	Surgical	11/39— 1/42
Fisher, J. C.	Newton, Newton	Rotating	6/39— 6/40
Floyd, P. E.	Maine General, Portland	Rotating	1/39— 7/40
Foster, A. D., Jr.	Hartford, Hartford	Rotating	7/39— 7/41
Frank, J. D.	New York, New York	Medical	7/39— 7/40
Franks, M.	Mt. Sinai, New York	Medical	7/39— 7/41
Geiger, J. M.	Boston City, Boston	II Medical	1/40— 7/41
Gonzalez, P. R.	Roosevelt, New York	Surgical	7/39— 7/42
Gould, D. M.	Boston City, Boston	I Medical	7/39— 1/41
Greene, G. G.	Hartford, Hartford	Rotating	7/39— 7/41
Grogan, R. H.	St. Vincent's, New York	Rotating	7/39— 1/42
Gullingsrud, M. J. O.	St. Luke's, New York	Surgical	7/39— 7/40
Haase, F., Jr.	Harper, Detroit	Rotating	7/39— 7/40
Handy, V. H.	Kings County, Brooklyn	Surgical	7/39— 7/41
Hardham, J. F.	Mary Hitchcock Mem'l, Hanover, N. H.	Rotating	7/39— 7/41
Harwood, P. H., Jr.	Peter Bent Brigham, Boston	Medical	10/39— 7/41
Haslam, E. T.	Boston City, Boston	II Surgical	7/39— 7/41
Hawley, W. L.	Peter Bent Brigham, Boston	Medical	6/39— 3/41
Hayes, G. S.	Boston City, Boston	IV Medical	4/40—10/41
Hepburn, R. H.	Hartford, Hartford	Rotating	7/39— 7/41
Hormell, R. S.	Boston City, Boston	V Surgical	7/39— 7/41
Jennings, C. G.	Children's, Boston	Bact., Path.	7/39— 7/40
Johnson, H. W.	Rhode Island, Providence	Rotating	8/39— 9/41
Johnson, J. R.	Wisconsin General, Madison	Rotating	7/39— 7/40
Johnson, R. McH.	Bellevue, New York	I Medical	1/40— 1/42
Kane, L. W.	Mass. General, Boston	Medical	1/40— 8/42
Kemp, W. V.	Boston City, Boston	II Medical	10/39— 4/41
Kummer, A. J.	Albany, Albany	Rotating	7/39— 7/41
Larkin, J. J., Jr.	Boston City, Boston	I Medical	1/40— 7/41
Lawrence, H. E.	Henry Ford, Detroit	Rotating	7/39— 9/40
Lewis, L. R.	Rhode Island, Providence	Rotating	3/40— 3/42
Livingston, K. E.	C. P. Huntington Mem'l, Boston	Medical	7/39— 7/40
McAllister, F. F.	Presbyterian, New York	Surgical	2/40— 9/41
McCarty, W. C.	Boston City, Boston	III Medical	1/40— 7/41
McCorriston, C. C.	Boston City, Boston	Surgical	3/40— 3/42
McDaniel, J. R.	Mass. General, Boston	Surgical	7/39— 7/41
McGaughey, W. M.	Mercy, Chicago	Rotating	7/39— 7/40
McGoldrick, T. A., Jr.	Bellevue, New York	Mixed	7/39— 7/41
Mahady, S. C.	Boston City, Boston	II Medical	4/39— 7/40
Marino, F. X.	Charity, New Orleans	Rotating	7/39— 7/40
Matson, D. D.	Peter Bent Brigham, Boston	Surgical	7/39—12/41
Matthews, T. V.	Boston City, Boston	IV Surgical	11/39—11/41
Mendenhall, J. T.	Boston City, Boston	V Surgical	11/39—11/41
Michael, M., Jr.	Peter Bent Brigham, Boston	Medical	10/39— 6/41
Mixter, C. G., Jr.	Mass. General, Boston	Surgical	10/39—11/41
Moore, F. D.	Mass. General, Boston	Surgical	7/39— 8/41
Moretz, W. H.	Strong Memorial, Rochester, N. Y.	Surgical	7/39— 7/41
Morrison, P. J.	Mercy, Baltimore	Rotating	7/39— 7/40

Mostofi, F. K.	St. Luke's, Bethlehem, Pa.	Rotating	7/39— 7/40
Myerson, P. G.	Beth Israel, Boston	Medical	6/39—10/40
Neller, J. L.	Wisconsin General, Madison	Rotating	7/39— 7/40
Newman, E. V.	Newton, Newton	Rotating	7/39— 7/40
Nichols, A. A.	Maine General, Portland	Rotating	1/40— 6/41
O'Connell, J. D.	Kings County, Brooklyn	Rotating	7/39— 7/41
O'Connor, R. B.	Boston City, Boston	V Surgical	3/40— 3/42
Pearson, O. H.	Mass. General, Boston	Medical	7/39— 2/41
Phillips, J. H.	Royal Victoria, Montreal	Surgical	7/39— 7/40
Pier, A. S., Jr.	Mass. General, Boston	Medical	10/39— 5/41
Pierce, L. H.	University, Baltimore	Rotating	7/39— 7/41
Pierce, P. P.	Kansas City General, Kansas City	Rotating	7/39— 7/40
Piper, W. S., Jr.	Syracuse Memorial, Syracuse	Rotating	7/39— 7/41
Plass, H. F. R.	Lakeside, Cleveland	Medical	2/40— 7/41
Proudfit, W. L.	George F. Geisinger Mem'l, Danville, Pa.	Rotating	7/39— 7/40
Quinby, J. T.	Mass. General, Boston	Medical	7/39— 2/41
Rathbun, L. S.	Strong Memorial, Rochester, N. Y.	Surg., Ob., Gyn.	7/39— 7/41
Reagan, D. J., Jr.	Worcester City, Worcester	Rotating	9/39— 9/41
Reed, H. B.	Mercer, Trenton	Rotating	7/39— 7/40
Reppun, J. I. F.	Pittsburgh Medical Center, Pittsburgh	Rotating	7/39— 7/40
Riker, W. L.	Mary Imogene Bassett, Cooperstown, N. Y.	Mixed	7/39— 7/40
Roach, J. F.	United States Navy, Philadelphia	Rotating	8/39— 8/40
Rosenfeld, L.	Beth Israel, Boston	Medical	10/39— 1/41
Ross, F. P.	Peter Bent Brigham, Boston	Surgical	1/40— 6/42
Roy, J. E.	Newton, Newton	Rotating	7/39— 7/40
Ruley, H. B.	Mass. General, Boston	Surgical	1/40— 2/42
Rulison, E. T., Jr.	Highland, Rochester, N. Y.	Rotating	7/39— 7/41
Scribner, R. A.	Bellevue, New York	Medical	1/40— 1/42
Seligman, A. M.	Beth Israel, Boston	Surgical	6/39— 4/41
Sensenbach, C. W.	Vanderbilt University, Nashville	Medical	7/39— 7/40
Shields, D. O.	Bellevue, New York	Surgical	7/39— 7/41
Simon, N.	Mt. Sinai, New York	Surgical	3/40— 3/42
Sims, J. A.	Denver General, Denver	Rotating	7/39— 1/41
Smith, S. H.	Springfield, Springfield	Rotating	7/39— 1/41
Smith, T. W.	Strong Memorial, Rochester, N. Y.	Surgical	7/39— 7/41
Snow, W. G.	Duke, Durham	Medical	3/40— 2/42
Srigley, R. S.	Charity, New Orleans	Rotating	7/39— 7/40
Stanbury, J. B.	Mass. General, Boston	Medical	4/40—11/41
Stone, A. T.	Methodist, Indianapolis	Rotating	7/39— 7/40
Stuppy, L. J.	Peter Bent Brigham, Boston	Medical	6/39— 3/41
Swan, H., II	Peter Bent Brigham, Boston	Surgical	5/40—10/42
Sweeney, A. R., Jr.	Boston City, Boston	II Medical	3/40— 9/41
Truslow, J. B.	Springfield, Boston	Rotating	1/40— 6/41
Tucker, W. I.	Baltimore City, Baltimore	Medical	7/39— 7/40
Ulm, A. H.	Emergency, Washington, D. C.	Rotating	6/39— 6/40
Vincent, W. R.	San Diego General, San Diego	Rotating	7/39— 7/40
Warren, J. V.	Peter Bent Brigham, Boston	Medical	2/40—11/41
White, R. M.	Boston City, Boston	Medical	4/40—10/41
Wigh, R.	Jersey City Medical, Jersey City, N. J.	Rotating	7/40— 1/42
Wilson, J. L.	Mass. General, Boston	Surgical	10/39—11/41
Wing, L. T.	Presbyterian, New York	Medical	6/39— 7/41
Wood, E. H., Jr.	Philadelphia General, Philadelphia	Rotating	7/39— 7/41
Woolford, R. M.	Cincinnati General, Cincinnati	Rotating	7/39— 7/40
Wyman, S. M.	Faulkner, Jamaica Plain, Mass.	Rotating	10/39—10/40

Note—The interneships on the Surgical Service at the Peter Bent Brigham Hospital are combined with the Surgical Service interneships at the Children's Hospital.

THE ANNUAL MEETING

The Annual Meeting of the Harvard Medical Alumni Association was held on June 6, 1939 at a luncheon at the Hotel Bancroft, Worcester, Massachusetts.

Dr. Lincoln Davis presided. Three new councillors were elected: Dr. Dudley Merrill, Dr. Robert N. Nye, and Dr. Richard E. Alt. Dr. Samuel B. Woodward gave a short address concerning the early history of the Harvard Medical Alumni Association. Dr. Arlie V. Bock said a few words regarding care of the health of medical students.

CLARK W. HEATH, *Secretary*.

HARVARD MEDICAL GUIDE SERVICE FOR VISITORS

The Harvard Medical School will conduct again this summer between June 19 and September 16 a free guide service for visitors. The service will be available on week days, beginning on the hour, from 9 A. M. until 12 noon and from 2 until 4 P. M., and on Saturdays from 9 A. M. until 12 noon. These tours of the Medical School buildings and Vanderbilt Hall will begin from the Superintendent's Office in Building A (25 Shattuck Street) and occupy about an hour's time. The service will be in charge of Mr. Carl Ernest Taylor of the Class of 1941.

LETTER TO THE PRESIDENT

May 23, 1939

Dr. Lincoln Davis
279 Beacon Street
Boston, Massachusetts

Dear Dr. Davis:

I want to report to you the delightful time that I had at the Harvard Medical Alumni dinner held in St. Louis on May 17th during the meeting of the American Medical Association.

A very pleasant dinner was arranged by your representative, Dr. O'Reilly, at the University Club and there were eighty-eight people sitting down at table. These alumni went all the way from the Class of 1900 to, I think, 1937. Dr. O'Reilly presided gracefully, I made the only speech which was, in the main, a report of the present situation of the Harvard Medical School, and this was followed by a lot of informal discussions and questions about policies, problems, and people in the School.

I am sure that this is a good thing to have done and I am very grateful to the Alumni Association for having arranged it. I believe that in the future of the School it is tremendously important that the alumni be kept informed so that they can continue to play a growing and helpful rôle.

Sincerely yours,

C. SIDNEY BURWELL, M.D.

BOOK REVIEWS

ANEMIA IN PRACTICE. *Pernicious Anemia.* Dr. William P. Murphy, W. B. Saunders Company, Philadelphia and London, 1939.

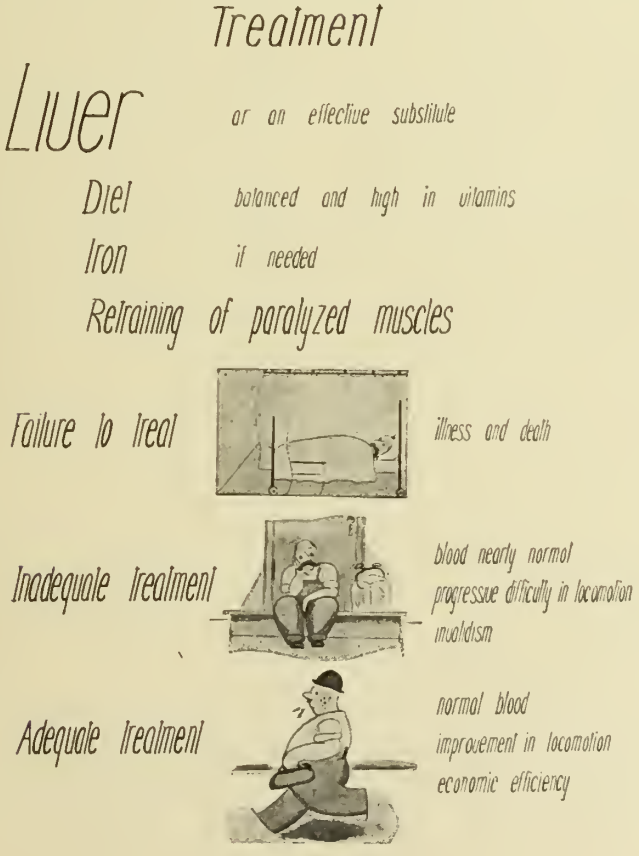
Dr. Murphy has written a book on anemia which should be read with a clear idea of his purpose as explained in the preface. He makes no pretense of giving a comprehensive review of the subject or of detailing views which may be generally

accepted, but in his own words, "An effort has been made, therefore, to present in this volume those facts and methods which during the past few years have proved to be most useful and practical *in my own study and treatment* of the anemic patient. Opinions expressed on the value of these various facts and methods, though they may not always conform to those of others, have been arrived at not only as a result of study in the research laboratory but also through intimate contact with and treatment of many patients in my capacity of consultant or of practicing physician. Reference to the experiences of others as they have been described in the literature has been made in order both to emphasize or to support my own belief and to lend interest to the discussion of some particular problem or to give proper credit for important original work."

Dr. Murphy has accomplished his essential purpose well. He has presented his ideas clearly and has emphasized principally what he has learned from his own experiences rather than what he has read. For this reason his chapter on The Introduction of Liver Therapy is dramatic and those on Incidence and Etiology and on Complications are full of valuable material.

Certain features of the book merit criticism. Only 47 pages deal with anemias other than pernicious and the latter subject occupies 209 pages. Therefore, one feels that the title of the book really should be "Pernicious Anemia in Practice and Some other Anemias".

If Dr. Murphy wrote principally for hematologists it would not be necessary to



point out in what respects his experiences differ from current views. But since he wishes to reach medical students, interns, and practicing physicians, it is desirable to indicate some features of Dr. Murphy's book which would not be acceptable to most workers in the field.

Even from a practical standpoint, the division of anemias should be logical. Hypochromic anemias should be contrasted with hyperchromic and normochromic anemias. Microcytic anemias should be compared with macrocytic and normocytic types. Many of the anemias "associated with infection" and anemias "secondary to a disease state such as: nephritis, pulmonary tuberculosis, leukemia, etc." are not hypochromic but normochromic. Since the color index of many patients suffering from anemia secondary to scurvy is unity, according to the author, this anemia should not be included under the hypochromic group.

In the treatment of hypochromic anemias most workers would disagree with Dr. Murphy in his contention that ferrous salts have not proved more efficient than other iron products and they would disagree even more strenuously with the use of parenteral liver extract, effective in pernicious anemia, as an adjuvant to iron in hypochromic anemia. It is doubtful whether any authority will agree with Dr. Murphy that liver extract is an effective agent for treating hemolytic jaundice, and one wonders whether some of his good results are not merely spontaneous remissions. A lead line is not due to metallic lead but probably due to lead sulfide. While iron therapy is usually tried in hemolytic anemias, it is hardly rational since the storehouses of the body have an excess of iron from the hemolysed blood.

In treating pernicious anemia few workers have had as much experience as Dr. Murphy. However, it is doubtful whether most patients suffering from this condition need iron at any time during their illness. It is also questionable that one particular brand of liver extract is far superior to any other type and his statement (p. 184) that "one can be reasonably sure that preparations accepted by the Council on Pharmacy and Chemistry of the American Medical Association have retained a reasonable amount of potency" is a fairer estimate of the situation than the claim that only one firm can produce a highly efficient product. While the unitage system of therapy leaves much to be desired, now that it has been accepted generally it would have been better to avoid emphasizing the number of grams of liver from which the extract was derived. Certainly, the latter method of judging potency gives little indication of the value of the product. One serious omission from a practical standpoint is the failure of the author to point out to the reader that there is an inverse ratio of the initial red blood cell count to the peak of reticulocytosis and that some evidence of defective therapy or of some complication can be ascertained early in treatment by failure to reach the expected peak based on the initial red blood cell count.

There are other features of this book which might merit comment:—such as the author's suggestion that bothriocephalus infestation is merely a coincidence in pernicious anemia rather than a cause of a distinct macrocytic anemia; that liver extract might be of use in anginal attacks; that a normal or low icteric index in untreated macrocytic anemia is sufficient evidence to rule out pernicious anemia; that liver extract might arrest the progress of lesions in multiple sclerosis.

One grave error, which should be corrected in the next edition, is the definition of the color index (p. 289). This value is obtained by dividing the percentage of the hemoglobin level by the percentage of the erythrocyte level rather than the reverse.

While the reviewer is not in complete agreement with the author in his laboratory procedures, especially his paragraph on platelet counts, his failure to insist upon a simultaneous control blood in performing

the hypotonic saline test, and his insistence on the superiority of using venous blood for hematocrit determinations rather than the simple van Allen method, Dr. Murphy should be applauded for his effort to popularize the cover slip method of making blood smears as opposed to the slide method which is so widely used.

This book has many commendable features. The emphasis on administering liver extract over and above an amount necessary to maintain a normal count, if neurological lesions are to be treated, is important and Dr. Murphy does this well. His painstaking care of the patient's financial and emotional problems is gratifying. It is for such reasons one has the impression that his patients receive excellent care are are more devoted to him than are the patients of many physicians who may have more adherence to standard opinions.

PAUL REZNIKOFF, M.D.

PHYSICAL DIAGNOSIS. By Richard Clarke Cabot and F. Dennette Adams. XII Edition. Baltimore, The Williams & Wilkins Company, 1938.

Richard C. Cabot, M.D. '92, in addition to being one of the most outstanding teachers of medicine during his many years of instruction, has earned a national reputation through his writings. Dr. Cabot's striking personality in the class room and his concise methods of presenting the physical facts in a given case can hardly be transferred to paper, but if one reads his books one gets a sense of the power of the master.

Dr. Cabot's first edition of his Physical Diagnosis appeared in 1900 and since then there has been a new edition every few years with two reprintings since that of 1934. Now in 1938 has come the Twelfth Edition with its 846 pages, 286 pages more than the preceding one, and in it F. Dennette Adams, M.D. '17, for many years an instructor in the Harvard Medical School courses for graduates, has collaborated. Dr. Adams taught Physical Diagnosis in the medical school for several years and thus acquired the technique for clear and forceful demonstrations of the subject. The Twelfth Edition begins with a most essential subject which has not appeared before in any of the previous eleven editions. Eighteen pages are devoted to methods of securing a thorough medical history. The authors state that, although such methods depend upon the physician's increasing knowledge of disease, and the present-day medical undergraduate is carefully instructed in this art, there are still some of the older practitioners who do not spend the time—and we know it takes much time—to secure not only a full history, past and present, of the patient, but a searching family history. A distinguished clinician has said that if he were allowed to conduct only one part of a clinical investigation he would select the medical history and leave the physical eaxmination to a colleague even though he considered him inferior.

Another important addition is a history form modeled on that used in the wards of the Massachusetts General Hospital. This serves as a guide to the physician and may be amplified or modified according to the type of practice pursued by the individual. "Generally speaking, every patient should be given a thorough physical examination—naturally those parts of the body to which history has directed suspicion merit the most detailed investigation but not to the exclusion of others." This statement is followed by a discussion of the extent of examination of other systems in the presence of a definite disease such, for example, as pneumonia. The importance of a completely recorded examination even though many of the findings are negative is emphasized and a suggestive examination form to be used as a guide is appended.

The book has 391 illustrations; many are new, in fact there are 74 added to the volume. Some of the old diagrams which illustrate the shading of inspiratory and expiratory murmurs in health and disease are still used, and while helpful to students are seldom seen in the clinical records of hospitals or practitioners. Every area and

system is considered in regular order preceded by a discussion of stature, posture, position and gait. The methods of examination are all clearly outlined. Immediate auscultation which was formerly advocated because of certain supposed advantages has now been almost pushed into the background by the stethoscope, as it should be. The musical râle is still called a dry râle by the authors, but since there is some doubt in the minds of many of us that fluid can be absent in an air space when once the circulation of its walls is disturbed, it would seem better to abandon the term "dry." It is preferable to describe all râles by the sounds they cause and to let the classification be as simple as possible.

The chapters on the heart will give the student in his undergraduate days an adequate introduction to a vast subject, and will help the general practitioner to place the proper emphasis on the signs he obtains. If he was brought up to give undue importance to cardiac murmurs or to misinterpretation of the basal second sounds, he will find himself corrected. The practitioner who feels that the electrocardiograph is quite beyond his understanding will find its basic principles clearly elucidated. The third sound of the heart has not become more important with the years. We remember once when Dr. Thayer, of Baltimore, gave an extensive paper on the third sound, his former chief, Professor Shattuck, was asked to open the discussion. Dr. Shattuck with characteristic facitiousness said, "I have always been very fond of Dr. Thayer and the only thing I have against him is that he talks about the third sound of the heart, but, gentlemen, I am happy to say that we don't have it here in Boston."

With the increasing number of clinical and laboratory examinations the present-day physician may become lax in training his powers of observation, always so important to the doctor of a generation ago. The book helps the physician to realize the pleasure to be derived from reaching an opinion by the use of his own powers before he turns to the laboratory for additional and sometimes confirmatory assistance. The authors have particularly stressed the importance of observation, and as they say, "The physician whose perception has been sharpened by experience consciously or unconsciously begins his examination as soon as he sees the patient."

Of course in the nearly forty years since this book first appeared many changes have occurred and the additions to our knowledge have crowded out many of the old ideas no longer tenable. So, Dr. Cabot's book has grown and changed to meet the times. The Twelfth Edition, while not being a treatise on disease, includes much symptomology. It might be claimed that a work on Physical Diagnosis with such an emphasis is beyond the understanding of a second year student, but it is our belief that the efforts of the leading medical schools to correlate teaching in all branches from the beginning of the medical course enable the intelligent student to understand the interrelationship of every step in his instruction. Furthermore the authors have prepared the book for the use of upper classmen, hospital internes and practitioners. As so often happens in a work of this size, there are a few proof reader's errors but they do not detract in any way from a book which is so evidently sound in its factual statements.

William H. Robey, '95.

TWENTY-FIFTH REUNION

The Class of 1919 held its twentieth reunion on Saturday, June 3, 1939. The following thirty-four alumni were present out of a total of ninety-four surviving members:

F. B. Ames, W. G. Atwood, C. W. Blackett, W. B. Breed, J. H. Burnett, C. S. Burwell, W. B. Davis, J. P. Derby, J. J. Duffy, R. E. Dunne, J. Garland, J. B. Griffith, G. E. Haggart, C. M. Jones, J. L. Lucy, F. J. Lynch, A. W. McGarry, William Mason, J. V. Meigs, C. R. Mills, John Minor, P. N. Neal, D. G. Nutter, Benedict Olch, G. P. Pennoyer, L. G. Richards, H. F. Root, Harold Rypins, F. B. Sargent, W. M. Shedden,